

APPLICATION TO THE NEIGHBORHOOD IMPROVEMENT DEVELOPMENT CORPORATION:

Homeowners' Emergency Loan Program: **HELP**

MAIL APPLICATION TO:

NIDC

P. O. Box 511730

Milwaukee, WI 53203-0291

Submit with your application:

- ✓ Proof of income: 2 most-recent paycheck stubs and a copy of your most-recent Federal 1040 for everyone who lives in the home. If there is more than one unit, such as a duplex, provide proof of income for everyone living in the owner-occupied unit.
 - ✓ A color or black & white photo of the front of the home.
 - ✓ A proposal or quote from a licensed and qualified contractor
 - ✓ A \$25 application fee (check or money order) payable to Neighborhood Improvement Development Corporation
- Note: the application fee is non-refundable.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction.

How did you hear about us? _____

Please complete both sides of the application.

APPLICANT AND CO-APPLICANT INFORMATION

Applicant's name _____ Date of birth _____

Social Security no. _____ Home phone _____ Cell phone _____

E-mail address _____

Applicant's address _____ Zip _____ No. of years _____

Co-applicant's name _____ Date of birth _____

Social Security no. _____ Home phone _____ Cell phone _____

Co-applicant's address _____ Zip _____ No. of years _____

Are you (check one) ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed

Indicate your primary language: ☐ English ☐ Spanish ☐ Hmong ☐ Other: _____

Do you require a translator? ☐ Yes ☐ No If yes, translator's Name _____ Phone: _____

FUNDS ON DEPOSIT: (attach additional sheets if necessary)

Bank Name _____ Bank Address: _____

Amounts in: Checking: \$ _____ Savings \$ _____ Other \$ _____

FINANCIAL OBLIGATIONS: 1st and 2nd mortgages, automobile loans, credit cards, etc. (attach additional sheets if necessary)

To Whom Owed	Address	Current Balance	Payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____



APPLICATION TO THE NEIGHBORHOOD IMPROVEMENT DEVELOPMENT CORPORATION:

APPLICANT INCOME

Employer _____ Position _____
Address _____ How long _____
Yearly salary \$ _____ Or monthly salary \$ _____ Work phone _____
Previous employer _____ How long _____
Other income \$ _____ per month Source _____

CO-APPLICANT INCOME

Employer _____ Position _____
Address _____ How long _____
Yearly salary \$ _____ Or monthly salary \$ _____ Work phone _____
Previous employer _____ How long _____
Other income \$ _____ per month Source _____

HOUSEHOLD INFORMATION & INCOME

List other people who live in the house (but not yourself or co-applicant.) List all wages, W2, Social Security, SSI, pensions, rents etc.

NAME	AGE	RELATIONSHIP	SOCIAL SECURITY NO.	SOURCE OF INCOME	MONTHLY AMOUNT
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

PROPERTY THAT WILL BE REPAIRED

Ownership in name of: _____ Number of units: _____
Homeowner's insurance company: _____ Policy Number: _____
Agent name: _____ Agent Address _____ Agent phone _____

Describe the EMERGENCY repairs you would like to make:

Yes No

- ☐ ☐ Are you an employee of the City of Milwaukee, the Department of City Development (DCD), or one of its affiliate agencies?
☐ ☐ Are you married to an employee of the City of Milwaukee including DCD or one of its affiliate agencies?
☐ ☐ Are you the brother, sister, parent or child of an employee of the City of Milwaukee, DCD or one of its affiliate agencies?

If the answer is "yes" to any of these questions, please explain:

I certify that the information provided herein is true and complete. I authorize the Department of City Development and NIDC to review this application, to request, receive, and share information with lenders, the above-named translator, and others to verify its accuracy and completeness, and to refer information other loan programs for which I may be eligible. I understand that my project is funded by the City of Milwaukee funds and City agencies may review this information to verify its accuracy. By signing this application, you are authorizing the Department of City Development (DCD) to pull a credit report.

Applicant Signature

Date

Co-Applicant Signature

Date

The following information is requested by the Federal Government in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of the information, nor on whether you choose to furnish it. However, if you choose to not furnish it, under Federal regulations this lender is required to note race and sex on the basis of visual observation or surname.

Applicant: I do not wish to furnish this information _____ (Initials) Co-applicant: I do not wish to furnish this information _____ (Initials)

APPLICANT	CO-APPLICANT
Black/African-American	Black/African-American
Hispanic	Hispanic
White	White
Asian	Asian
Black/African-American & white	Black/African-American & white
American Indian/Alaska Native	American Indian/Alaska Native
Native Hawaiian/Other Pacific Islander	Native Hawaiian/Other Pacific Islander
American Indian/Alaska Native & white	American Indian/Alaska Native & white
American Indian/Alaska Native & Black/African-American	American Indian/Alaska Native & Black/African-American
Asian & white	Asian & white
Other/ multi-racial	Other/ multi-racial

